

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**ActBlue**

Full Name (Last, First, Middle Initial)

**A. DEBRA LACHANCE**

Mailing Address 22 CHESTNUT ST

City	State	Zip Code
NEWBURYPORT	MA	01950

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2014

**Transaction ID : SB28A\_19256229**

Amount of Each Disbursement this Period

5.00
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Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

**B. KATHLEEN LACKEY**

Mailing Address 107 ELYSIAN FIELDS DRIVE

City	State	Zip Code
LAFAYETTE	LA	70508

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2014

**Transaction ID : SB28A\_19256179**

Amount of Each Disbursement this Period

50.00
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Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

**C. EMIL LADA**

Mailing Address 16569 NW 4 ST

City	State	Zip Code
PEMBROKE PINES	FL	33028

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2014

**Transaction ID : SB28A\_18657128**

Amount of Each Disbursement this Period

5.00
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Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00
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